



Transcutaneous Electrical Nerve Stimulation

Clinical Coverage Criteria

Overview

Transcutaneous electrical nerve stimulation (TENS) is the application of a mild electrical current to the cutaneous nerve fibers using surface electrodes. Stimulation is characterized by current, pulse width, and changes in frequency. The amplitude of the current is adjusted to just above or just below the sensory threshold. Duration of application varies from short time periods (e.g., 30 minutes) once to continuous stimulation. Duration of treatment can be days to months. TENS is used extensively for pain relief in various disorders and is distinguished from other electrical stimulators, e.g. neuromuscular stimulators, which are used to directly stimulate muscles and/or nerves.

Policy

Fallon Health covers TENS units and related supplies as an adjunct or alternative to the use of other medical treatments or services to treat (1) acute post-operative pain, or (2) chronic, intractable musculoskeletal or neuropathic pain, excluding chronic low back pain. Fallon Health requires a covered diagnosis for payment of TENS claims, please see the below list of ICD 10 codes. Prior authorization is not required but failure to bill within below guidelines or use of TENS for excluded diagnosis will deny.

TENS units are initially covered as a rental for one or two months (depending on the condition). Rental of a TENS unit requires a written order prior to delivery. Someone other than the ordering physician may produce the written order, however the ordering physician must review the written order and sign and date it. The physician ordering the TENS unit must be the treating physician for the disease or condition justifying the need for the TENS unit.

For plan members who meet criteria for continued coverage of TENS beyond the rental period, Fallon Health will cover the purchase of a TENS unit. The purchase of a TENS unit at the end of the rental period requires a new written order. The supplier may not submit a claim for the purchase of the TENS unit until they have the new written order for the purchase of the TENS unit on file

TENS or related supplies are covered for the treatment of the following conditions when all of the related criteria are met:

1. Acute post-operative pain
 - A TENS unit is covered for up to one month (30 days) from the date of surgery.
 - TENS for acute post-operative pain is covered as a rental only. When a TENS unit is rented, supplies for the unit are included in the rental allowance; there will be no additional allowance for electrodes, lead wires, batteries, etc.
 - TENS is not covered for other types of acute pain, including but not limited to acute low back pain, procedural pain, labor pain, and primary dysmenorrhea.

2. Chronic, intractable musculoskeletal or neuropathic pain, excluding chronic low back pain that is not relieved by a documented trial of at least three (3) months of conservative treatment, including non-steroidal anti-inflammatory medications, physical therapy, etc.
 - The TENS unit must be used by the plan member on a trial basis for a minimum of one month (30 days), but not to exceed two months, to determine efficacy. The trial must be monitored by the treating physician. The trial period will be covered as a rental. When a TENS unit is rented, supplies for the unit are included in the rental allowance; there will be no additional allowance for electrodes, lead wires, batteries, etc. TENS may be used with either 2 or 4 leads, depending on the characteristics of the patient's pain. If a 4-lead unit (2 channel) is ordered, the medical record must document why 2 leads are insufficient to meet the plan member's needs. Documentation for a trial of TENS for chronic, intractable musculoskeletal or neuropathic pain requires:
 - Initial assessment/evaluation of the nature, duration, and intensity of pain measured on a visual analog scale (or other similar scale), presumed etiology, etc., and
 - Results of imaging studies and consultations with others if applicable, and
 - Assessment/evaluation of the patient's response to prior therapeutic regimens/modalities (the type, duration, and outcome for each modality measured on a visual analog scale).
 - Continued coverage for a TENS unit beyond the trial period requires all of the following:
 - A face-to-face re-evaluation of the plan member by the treating physician at the end of the trial period, and
 - Reduction in pain intensity measured on a visual analog scale, and
 - A determination by the treating physician that the plan member is likely to derive significant therapeutic benefit from the continued use of the TENS unit over a long period of time.
 - At any time, if the plan member's condition no longer requires TENS, or if the plan member is no longer benefitting from the use of the TENS device, coverage for the TENS unit will be discontinued by the treating physician

Replacement supplies for patient-owned TENS

When the TENS unit has become the property of the plan member, Fallon Health will cover replacement supplies and lead wires for as long as the plan member's condition continues to require TENS and the plan member continues to benefit from the use of TENS. TENS may be used with either 2 or 4 leads, depending on the characteristics of the patient's pain. If TENS is ordered for use with 4 leads, the medical record must document why 2 leads are insufficient to meet the plan member's needs.

For all supplies provided on a recurring basis, the supplier is required to have a written order from the treating physician on file (a written order for TENS supplies is valid for 12 months) and suppliers are required to contact the plan member prior to dispensing a refill of supplies to ensure that the items remain necessary and that existing supplies are approaching exhaustion. Suppliers may not dispense more than a 3-month quantity of supplies at any one time.

The following supplies are covered for eligible plan members:

1. Replacement lead wires (HCPCS code A4557) for a patient-owned TENS unit:
 - For a 2-lead TENS unit, one unit (i.e., one pair) of lead wires will be allowed per 12 months;
 - For a 4-lead TENS unit, when TENS is ordered for use with 4 leads, two units (i.e., two pairs) of lead wires will be allowed per 12 months.
 - For a 4-lead TENS unit, when TENS is ordered for use with 2 leads, one unit (i.e., one pair) of lead wires will be allowed per 12 months.
2. Replacement supplies (HCPCS code A4595) for a patient-owned TENS unit:
 - For a 2-lead TENS unit, one unit of electrical stimulator supplies will be allowed per month.
 - For a 4-lead TENS unit, when TENS is ordered for use with 4 leads, two units of electrical stimulator supplies will be allowed per month.
 - For a 4-lead TENS unit, when TENS is ordered for use with 2 leads, one unit of electrical stimulator supplies will be allowed per month.

HCPCS code A4595 includes electrodes (any type), conductive paste or gel (if needed, depending on the type of electrode), tape or other adhesive (if needed, depending on the type of electrode), adhesive remover, skin preparation materials, batteries (9 volt or AA, single use or rechargeable), and a battery charger (if rechargeable batteries are used).

HCPCS codes A4556 (electrodes, [e.g., apnea monitor], per pair), A4558 (conductive paste or gel), and A4630 (replacement batteries, medically necessary TENS owned by patient) are not valid for claim submission, HCPCS code A4595 should be used instead.

Conductive garments (HCPCS code E0731)

TENS is ordinarily delivered through the use of electrodes and lead wires. There may be times, however, where it might be medically necessary for certain patients receiving TENS treatment to use, as an alternative to conventional electrodes and lead wires, a form-fitting conductive garment. A form-fitting conductive garment, used with a TENS unit, is rarely medically necessary, but will be covered when the garment has been prescribed by the treating physician for use in delivering TENS treatment for one of the following medical indications:

- The patient cannot manage without the conductive garment because there is such large area or so many sites to be stimulated and the stimulation would have to be delivered so frequently that it is not feasible to use conventional electrodes and lead wires, or
- The patient cannot manage without the conductive garment for the treatment of chronic intractable pain because the areas or sites to be stimulated are inaccessible with the use of conventional electrodes, adhesive tapes and lead wires, or
- The patient has a documented medical condition such as skin problems that preclude the application of conventional electrodes and lead wires, or
- The patient requires electrical stimulation beneath a cast to treat chronic intractable pain.

A form-fitting conductive garment is not covered during the one-month trial period unless the patient has a documented skin problem prior to the start of the trial period and the use of such a garment is medically necessary for the member.

Fallon Health's rules are based on Noridian Health Care Solution's Medicare Local Coverage Determination (L33802) which can be located here [LCD](#). These rules are applied to All Fallon Health Products.

Exclusions

- Any use of TENS treatment for other conditions than outlined above.
- Devices which are not FDA approved for home use.
- Transcutaneous electrical joint stimulation devices (HCPCS code E0762) for the treatment of osteoarthritis or rheumatoid arthritis pain, because there is insufficient scientific evidence in the published peer-reviewed literature to support the use of electrical stimulation for these indications.
- TENS for motor-function disorders such as multiple sclerosis, acute or chronic headache, deep abdominal pain, pelvic pain, temporomandibular joint pain, because there is insufficient scientific evidence in the published peer-reviewed literature to support the use of TENS for these indications.
- Electrical stimulation for the treatment of chronic wounds (HCPCS code E0769), because there is insufficient scientific evidence in the published peer-reviewed literature on the safety of unsupervised electrical stimulation of wounds in the home.

Codes

All claims for TENS must have a diagnosis other than below diagnoses in order to receive payment. Any claims billed with the below diagnosis will deny vendor liable.

ICD-10-CM	
G54.4	Lumbosacral root disorders, not elsewhere classified
M46.1	Sacroiliitis, not elsewhere classified
M47.26	Other spondylosis with radiculopathy, lumbar region
M47.27	Other spondylosis with radiculopathy, lumbosacral region
M47.28	Other spondylosis with radiculopathy, sacral and sacrococcygeal region
M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region
M47.818	Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region
M47.896	Other spondylosis, lumbar region
M47.897	Other spondylosis, lumbosacral region
M47.898	Other spondylosis, sacral and sacrococcygeal region
M47.16	Other spondylosis with myelopathy, lumbar region
M47.17	Other spondylosis with myelopathy, lumbosacral region
M47.18	Other spondylosis with myelopathy, sacral and sacrococcygeal region
M51.24	Other intervertebral disc displacement, thoracic region
M51.25	Other intervertebral disc displacement, thoracolumbar region
M51.26	Other intervertebral disc displacement, lumbar region
M51.27	Other intervertebral disc displacement, lumbosacral region
M51.36	Other intervertebral disc degeneration, lumbar region
M51.37	Other intervertebral disc degeneration, lumbosacral region
M51.06	Intervertebral disc disorders with myelopathy, lumbar region

M51.07	Intervertebral disc disorders with myelopathy, lumbosacral region
M96.1	Postlaminectomy syndrome, not elsewhere classified
M46.46	Discitis, unspecified, lumbar region
M46.47	Discitis, unspecified, lumbosacral region
M51.86	Other intervertebral disc disorders, lumbar region
M51.87	Other intervertebral disc disorders, lumbosacral region
M48.06	Spinal stenosis, lumbar region
M48.07	Spinal stenosis, lumbosacral region
M99.23	Subluxation stenosis of neural canal of lumbar region
M99.33	Osseous stenosis of neural canal of lumbar region
M99.43	Connective tissue stenosis of neural canal of lumbar region
M99.53	Intervertebral disc stenosis of neural canal of lumbar region
M99.63	Osseous and subluxation stenosis of intervertebral foramina of lumbar region
M99.73	Connective tissue and disc stenosis of intervertebral foramina of lumbar region
M54.5	Low back pain
M54.30	Sciatica, unspecified side
M54.31	Sciatica, right side
M54.32	Sciatica, left side
M54.40	Lumbago with sciatica, unspecified side
M54.41	Lumbago with sciatica, right side
M54.42	Lumbago with sciatica, left side
M51.14	Intervertebral disc disorders with radiculopathy, thoracic region
M51.15	Intervertebral disc disorders with radiculopathy, thoracolumbar region
M51.16	Intervertebral disc disorders with radiculopathy, lumbar region
M51.17	Intervertebral disc disorders with radiculopathy, lumbosacral region
M54.14	Radiculopathy, thoracic region
M54.15	Radiculopathy, thoracolumbar region
M54.16	Radiculopathy, lumbar region
M54.17	Radiculopathy, lumbosacral region
M43.00	Spondylolysis, site unspecified
M43.01	Spondylolysis, occipito-atlanto-axial region
M43.02	Spondylolysis, cervical region
M43.03	Spondylolysis, cervicothoracic region
M43.04	Spondylolysis, thoracic region
M43.05	Spondylolysis, thoracolumbar region
M43.06	Spondylolysis, lumbar region
M43.07	Spondylolysis, lumbosacral region
M43.08	Spondylolysis, sacral and sacrococcygeal region
M43.09	Spondylolysis, multiple sites in spine
M43.10	Spondylolisthesis, site unspecified
M43.11	Spondylolisthesis, occipito-atlanto-axial region
M43.12	Spondylolisthesis, cervical region
M43.13	Spondylolisthesis, cervicothoracic region
M43.14	Spondylolisthesis, thoracic region
M43.15	Spondylolisthesis, thoracolumbar region
M43.16	Spondylolisthesis, lumbar region
M43.17	Spondylolisthesis, lumbosacral region

M43.18	Spondylolisthesis, sacral and sacrococcygeal region
M43.19	Spondylolisthesis, multiple sites in spine
M99.03	Segmental and somatic dysfunction of lumbar region
Q76.2	Congenital spondylolisthesis
S32.000A	Wedge compression fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32.000D	Wedge compression fracture of unspecified lumbar vertebra, subsequent encounter for fracture with routine healing
S32.000G	Wedge compression fracture of unspecified lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.000K	Wedge compression fracture of unspecified lumbar vertebra, subsequent encounter for fracture with nonunion
S32.000S	Wedge compression fracture of unspecified lumbar vertebra, sequela
S32.001A	Stable burst fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32.001D	Stable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with routine healing
S32.001G	Stable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.001K	Stable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with nonunion
S32.001S	Stable burst fracture of unspecified lumbar vertebra, sequela
S32.002A	Unstable burst fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32.002D	Unstable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with routine healing
S32.002G	Unstable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.002K	Unstable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with nonunion
S32.002S	Unstable burst fracture of unspecified lumbar vertebra, sequela
S32.008A	Other fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32.008D	Other fracture of unspecified lumbar vertebra, subsequent encounter for fracture with routine healing
S32.008G	Other fracture of unspecified lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.008K	Other fracture of unspecified lumbar vertebra, subsequent encounter for fracture with nonunion
S32.008S	Other fracture of unspecified lumbar vertebra, sequela
S32.009A	Unspecified fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32.009D	Unspecified fracture of unspecified lumbar vertebra, subsequent encounter for fracture with routine healing
S32.009G	Unspecified fracture of unspecified lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.009K	Unspecified fracture of unspecified lumbar vertebra, subsequent encounter for fracture with nonunion
S32.009S	Unspecified fracture of unspecified lumbar vertebra, sequela

S32.010A	Wedge compression fracture of first lumbar vertebra, initial encounter for closed fracture
S32.011A	Stable burst fracture of first lumbar vertebra, initial encounter for closed fracture
S32.012A	Unstable burst fracture of first lumbar vertebra, initial encounter for closed fracture
S32.018A	Other fracture of first lumbar vertebra, initial encounter for closed fracture
S32.020A	Wedge compression fracture of second lumbar vertebra, initial encounter for closed fracture
S32.020D	Wedge compression fracture of second lumbar vertebra, subsequent encounter for fracture with routine healing
S32.020G	Wedge compression fracture of second lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.020K	Wedge compression fracture of second lumbar vertebra, subsequent encounter for fracture with nonunion
S32.020S	Wedge compression fracture of second lumbar vertebra, sequela
S32.021A	Stable burst fracture of second lumbar vertebra, initial encounter for closed fracture
S32.022A	Unstable burst fracture of second lumbar vertebra, initial encounter for closed fracture
S32.028A	Other fracture of second lumbar vertebra, initial encounter for closed fracture
S32.030A	Wedge compression fracture of third lumbar vertebra, initial encounter for closed fracture
S32.031A	Stable burst fracture of third lumbar vertebra, initial encounter for closed fracture
S32.031D	Stable burst fracture of third lumbar vertebra, subsequent encounter for fracture with routine healing
S32.031G	Stable burst fracture of third lumbar vertebra, subsequent encounter for fracture delayed healing
S32.031K	Stable burst fracture of third lumbar vertebra, subsequent encounter for fracture nonunion
S32.031S	Stable burst fracture of third lumbar vertebra, sequela
S32.032A	Unstable burst fracture of third lumbar vertebra, initial encounter for closed fracture
S32.032D	Unstable burst fracture of third lumbar vertebra, subsequent encounter for fracture with routine healing
S32.032G	Unstable burst fracture of third lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.032K	Unstable burst fracture of third lumbar vertebra, subsequent encounter for fracture nonunion
S32.032S	Unstable burst fracture of third lumbar vertebra, sequela
S32.038A	Other fracture of third lumbar vertebra, initial encounter for closed fracture
S32.040A	Wedge compression fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.041A	Stable burst fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.042A	Unstable burst fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.048A	Other fracture of fourth lumbar vertebra, initial encounter for closed fracture

S32.048D	Other fracture of fourth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.048G	Other fracture of fourth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.048K	Other fracture of fourth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.048S	Other fracture of fourth lumbar vertebra, sequela
S32.050A	Wedge compression fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.051A	Stable burst fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.052A	Unstable burst fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.058A	Other fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.059A	Unspecified fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.059D	Unspecified fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.059G	Unspecified fracture of fifth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.059K	Unspecified fracture of fifth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.059S	Unspecified fracture of fifth lumbar vertebra, sequela
S32.019A	Unspecified fracture of first lumbar vertebra, initial encounter for closed fracture
S32.019D	Unspecified fracture of first lumbar vertebra, subsequent encounter for fracture with routine healing
S32.019G	Unspecified fracture of first lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.019K	Unspecified fracture of first lumbar vertebra, subsequent encounter for fracture with nonunion
S32.019S	Unspecified fracture of first lumbar vertebra, sequela
S32.029A	Unspecified fracture of second lumbar vertebra, initial encounter for closed fracture
S32.029D	Unspecified fracture of second lumbar vertebra, subsequent encounter for fracture with routine healing
S32.029G	Unspecified fracture of second lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.029K	Unspecified fracture of second lumbar vertebra, subsequent encounter for fracture with nonunion
S32.029S	Unspecified fracture of second lumbar vertebra, sequela
S32.039A	Unspecified fracture of third lumbar vertebra, initial encounter for closed fracture
S32.039D	Unspecified fracture of third lumbar vertebra, subsequent encounter for fracture routine healing
S32.039G	Unspecified fracture of third lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.039K	Unspecified fracture of third lumbar vertebra, subsequent encounter for fracture with nonunion

S32.039S	Unspecified fracture of third lumbar vertebra, sequela
S32.049A	Unspecified fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.049D	Unspecified fracture of fourth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.049G	Unspecified fracture of fourth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.049K	Unspecified fracture of fourth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.049S	Unspecified fracture of fourth lumbar vertebra, sequela
S33.8xxA	Sprain of other parts of lumbar spine and pelvis, initial encounter
S33.6xxA	Sprain of sacroiliac joint, initial encounter
S33.6xxD	Sprain of sacroiliac joint, subsequent encounter
S33.6xxS	Sprain of sacroiliac joint, sequela
S33.5xxA	Sprain of ligaments of lumbar spine, initial encounter
S33.5xxD	Sprain of ligaments of lumbar spine, subsequent encounter
S33.5xxS	Sprain of ligaments of lumbar spine, sequela
S34.21xA	Injury of nerve root of lumbar spine, initial encounter
S34.21xD	Injury of nerve root of lumbar spine, subsequent encounter
S34.21xS	Injury of nerve root of lumbar spine, sequela

HCPCS codes A4556 (electrodes, [e.g., apnea monitor], per pair), A4558 (conductive paste or gel), and A4630 (replacement batteries, medically necessary TENS owned by patient) are not valid for claim submission, HCPCS code A4595 should be used instead.

Code type	Code	Description
HCPCS	E0720	Transcutaneous electrical nerve stimulation (TENS) device, 2 lead, localized stimulation
	E0730	Transcutaneous electrical nerve stimulation (TENS) device, 4 or more leads, for multiple nerve stimulation
	E0731	Form fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)
	A4557	Lead wires, per pair
	A4595	Electrical stimulator supplies, 2 lead, per month (e.g., TENS, NMES)

References

- Centers for Medicare & Medicaid Services (CMS) National Coverage Determination (NCD) for Transcutaneous Electrical Nerve Stimulation (TENS) for Acute Post-Operative Pain (10.2) Effective June 8, 2012
- Centers for Medicare & Medicaid Services (CMS) National Coverage Determination (NCD) for Supplies Used in the Delivery of Transcutaneous Electrical Nerve Stimulation (TENS) and Neuromuscular Electrical Stimulation (NMES) (160.13). Effective July 14, 1988
- Centers for Medicare & Medicaid Services (CMS) National Coverage Determination (NCD) for Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Lower Back Pain (CLBP) (160.27) Effective June 8, 2012

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Policy History

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Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully-insured plans and self-funded non-ERISA (e.g., government, school boards, church)

plans. Unless otherwise specifically excluded, federal mandates will apply to all plans. For Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this policy.